



State of California  
**Respiratory Care Board**  
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**Inquiry:** In my HMO, we have nine RRTs acting as asthma care managers. In this role, the RRTs follow patients/ families with asthma for about six months to stabilize their asthma and to teach them self-managements skills. My question is, are RRTs legally able to adjust (either increase or decrease) inhaled medications (albuterol, QVAR, Flovent, salmeterol) according to established, approved protocols? The initial prescription is ordered by an MD and the RRT has written authorization from the primary care MD to care manage each patient and to adjust medication according to these protocols.

- (1) If this is indeed an approved procedure, do you have a template for a document to accompany the protocols? (e.g. signature sheet for those that are approving the RRT protocol, stipulations, etc.)
- (2) One more question, can RRTs also adjust oral medications according to protocols?

**Response:** Section 3702(e) of the Respiratory Care Practice Act specifically defines the clinical practice you described. In summary it states that, Respiratory Care Protocol means policies and protocols developed by a licensed health care facility through collaboration, with physicians, registered nurses, physical therapists, respiratory care practitioners and other licensed health care practitioners. In other words your facility could develop a protocol for the evaluation and treatment of asthma management that included clinical indicators that would warrant a change in therapy or medication (including oral medications). The requirement to initiate the protocol would be an order from the patient's physician initiating the protocol.

As far a template is concerned the board does not develop or provide that level of detail to individual departments or health care facilities. I would recommend you contact the American Association for Respiratory Care (AARC) to see if they have a national standard or protocol. I would also recommend contacting the California Society for Respiratory Care (CSRC). They might have resources that would get you in touch with a department(s) that have implemented similar protocols. Both their addresses are provided for you below:

[American Association for Respiratory Care \(AARC\)](#)  
11030 Ables Lane  
Dallas, TX 75229  
(972) 243-2272

[California Society for Respiratory Care \(CSRC\)](#)  
505 North Brand Blvd., Suite 740  
Glendale CA 91203  
(818) 247-2053

The approval process for a protocol is determined by each health care facility and not by the Respiratory Care Board. That process may be as simple as getting the approval of the medical director for respiratory care or as complex as obtaining approval from a protocol committee. Whatever the health care facility would deem appropriate to ensure the safe and effective delivery to the public is acceptable.